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7217/71728

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Kenichi Inoue et al.

Serial No.: 10/784,439

Filed : February 23, 2004

For : FAN CONTROL APPARATUS AND FAN CONTROL METHOD

Group A.U.:

I hereby certify that this paper is being deposited this date with the U.S. Postal Service in first class mail addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

Jay H. Maioli
Reg. No. 27,213

Date
July 1, 2004

July 1, 2004
1185 Avenue of the Americas
New York, NY 10036
(212) 278-0400

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to the initial examination of the above-identified application, Applicant respectfully requests that the application be amended as follows.

Amendments to the Abstract begin on page 2 of this Amendment.

Amendments to the claims are reflected in the listing of claims that begins on page 3 of this Amendment.

The Remarks portion begins on page 8 of this Amendment.



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Kenichi Inoue et al.
Serial No. : 10/784,439
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Group A.U. :
Date : July 1, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

- No fee is required.
- The fee has been calculated as shown below.
- Total claims in excess of 20 previously paid for, at \$18 (\$9) ____.
- Independent claims in excess of 3 previously paid for, at \$86 (\$43) ____.
- Additional Fee for this Amendment ____.
- This response is being filed within the ____ first month, ____ second month, ____ third month, ____ fourth month, ____ fifth month following the expiration of the term originally set therefor. Applicants Petition for an extension, and the fee of ____ \$110 (\$55), ____ \$420 (\$205), ____ \$950 (\$465), ____ \$1,450 (\$725), ____ \$1,970 (\$985) is due and paid herewith.
- The fee of \$ ____ set by 37 C.F.R. § 1.17(p) for the Information Disclosure Statement is due and paid herewith.
- A check in the amount of \$ ____ is attached.
- Please charge any additional fees or credit any overpayment to Deposit Account No. 03-3125.

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